



Indiana State
Department of Health
An Equal Opportunity Employer

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED NEWSLETTER

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Foodborne Illness

The recent Food and Drug Administration (FDA) warning to consumers to not eat certain jars of Peter Pan or Great Value peanut butter due to the risk of contamination with Salmonella Tennessee (a bacterium that causes foodborne illness) has elevated foodborne illness into the national spotlight.

Foodborne illnesses are one of the major causes of distress in this country. The Centers for Disease Control and Prevention (CDC) estimates that there are around 76 millions cases of foodborne

illness per year in the United States. The cost of these illnesses are in the billions of dollars per year.

The majority of foodborne illnesses are caused by microbial pathogens such as viruses, bacteria, and parasites. Viruses, such as Norovirus and Hepatitis A, cannot reproduce in food but can be transported via food. Bacteria, such as Salmonella, Shigella, Ecoli, Bacillus Cereus, and Clostridium Perfringens, can reproduce and be transported via food. Parasites, such as Crypto-

sporidium, Cyclospora, and Giardan can be ingested as cysts.

Foodborne infection is caused by ingesting foods that contain bacteria, viruses, and parasites. Common symptoms of foodborne infection are: diarrhea, abdominal cramps, nausea, vomiting, and fever.

For more information on the food protection please call the ISDH at 317-233-7360 or visit the following website: <http://www.in.gov/isdh/regsvcs/foodprot/index.htm>.

Administrators Reference Guide

Effective September 1, 2006, the Administrator's Reference Guide can be found on-line at: http://www.in.gov/isdh/regsvcs/ltc/admin_guide/index.htm. There will no longer be a hard copy of

the guide. If there are any questions or comments regarding the content found within the Administrator's Reference Guide please contact the Program Director-Provider Services at 317-233-7794.



Qualified Medication Aide (QMA) Renewal

All QMAs' certifications expired on March 31, 2007. Renewal requirements including the mandatory 6 hours of medication / medication administration inservice and \$10.00 fee were due on or before March 31, 2007. Renewal requirements received after March 31, 2007 were accepted and renewal completed. Renewal requirements received after the expiration date of the certificate are assessed an additional \$10.00 fee. If the in-

service form and fee is received more than ninety (90) days after the expiration date of the QMA certification the individual is removed from the registry as a QMA and must retake the QMA course and pass the competency test for reinstatement.

All QMAs with the renewal of their certification will also receive the revised Qualified Medication Aide Record of Annual Inservice Training form. A copy of this form can be found

on pages 10-11. This form is to be used to maintain the inservice hours related to the QMA's recertification, other inservice hours should **not** be listed on this form. QMAs inservice hours must relate to medication / medication administration only. Any questions related to QMA recertification can be directed to Nancy Adams, R.N. 317-233-7480 or Nancy Gilbert 317-233-7616.

Long Term Care Provider Survey Questionnaire

Effective October 1, 2006 the Indiana State Department of Health's Division of Long Term Care will begin the distribution of the "Long Term Care Provider Survey Questionnaire" at the start of every Annual, Revisit, Complaint, and Life Safety Code Surveys. The questionnaire will give Providers the chance to evaluate the survey

process. The purpose of the questionnaire is to improve the quality of the survey process through the responses to the questions contained in the survey. The information provided in the questionnaire will have no negative impact on the survey or subsequent survey activities in your facility. A copy of the "Long Term Care Provider Sur-

vey Questionnaire" can be found on page 11. Please contact Sue Hornstein, Director, Division of Long Term Care at 317-233-7289 if there are any questions about this process.



Automatic Cancellation Date Letters

Earlier this year the Division of Long Term Care ("Division") updated the procedure for notifying Intermediate Care Facilities for the Mentally Retarded (ICFMR) providers of an Automatic Cancellation Date. Instead of one letter notifying the provider of both the survey information and the automatic cancellation date, there will now be two

letters. The first letter will notify the provider of the survey results and set a plan of correction date. Upon receipt of an acceptable plan of correction, the Division will set the automatic cancellation date. The second letter will then be sent by the Division notifying the provider of the automatic cancellation date. Compliance must be achieved before the

automatic cancellation date or certification will be cancelled. If an automatic cancellation date is set based upon the results of the health survey, then that automatic cancellation date applies to the life safety code survey as well. If you have any questions please contact Miriam Buffington at 317/233-7613.



Update on INShape Indiana's 10 in 10 Challenge

Did you take the 10 in 10 Challenge? Are your pants a little looser? Are you finding ways to fit in some extra physical activity each day? Have you realized healthy food can also taste good? If you answered yes to any of these questions, you are the heart and soul of INShape Indiana, and are well on your way to being a healthy role model for other Hoosiers!

One 10 in 10 Challenge participant received national exposure for her weight-loss success.

Arleen East, LAN Administrator for the Indiana Office of Technology, was featured in an Associated Press article about INShape Indiana and the 10 in 10 Challenge in March. Her story and photograph appeared in newspapers all across the country, inspiring thousands of people to sign up for INShape Indiana.

“Oh, I am on my way now,” said Arleen. “No stopping me at this point. I am feeling so great and now I look forward to working out.”

The healthy habits Arleen adopted are not dramatic, but with the slightest modifications to her diet and exercise regimen, the results are impressive. Not only is her weight going down, but her attitude and self esteem have risen to new levels.

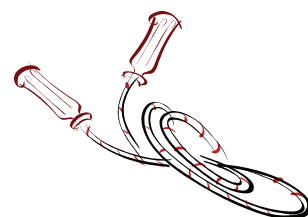
“I have gone from 208 to 190, and I am already feeling so much better than I have for over a year now,” said Arleen. “My whole outlook on life is totally different.”

Chances are that by the time this article is published Arleen will have reached even higher levels of success! Arleen is a great role model for all Hoosiers who want to adopt a healthier lifestyle and reap the benefits.

It is not too late to lose 10 pounds in 10 weeks!

The official 10 in 10 Challenge may be over, but it is never too late to start improving your health. If you haven't already, go to www.inshape.IN.gov, or call (800) 433-0746 to join INShape Indiana.

On the website you will find 10 weeks worth of nutrition and physical activity challenges that will help you reach your weight loss goals and adopt healthier habits. Soon, you can join Arleen in sharing your success story and inspiring other Hoosiers to live a healthy lifestyle.



NPI – Will You Be Ready?

GET IT.

The compliance date, May 23, 2007, is only **2 months** away. Covered health care providers have had 22 months to apply for their NPI – further procrastination could disrupt your cash flow. Act **now** if you still don't have your NPI! **It's easy and it's free!**

SHARE IT.

Have your NPI and don't know what to do with it? Share it. Share it with health plans you bill and the colleagues who rely on having your NPI to submit their claims (e.g., those who bill for ordered or referred services). You should also share it with your business associates, such as a billing service, vendor, or clearinghouse. Pay attention to information from health plans with which you do business as to when they will begin accepting the NPI in claims and other standard transactions.

USE IT.

Once your health plans have informed you that they are ready to accept NPIs, begin the testing process. Consider sending only a few claims at first as you test the ability of plans to accept the NPI. Fewer claims will make it easier to keep track of status and payment, as well as troubleshooting any potential problems that may arise during the testing process.

Revisions to the NPPES Website

We are revising some of the language on the NPPES NPI Application Help page that relates to the selection of the Entity Type. Among other changes, our revision will remove a reference to "atypical services." This reference is being removed because entities who furnish only "atypical services" are not eligible to apply for NPIs.

NPI Disclosures by Industry Entities to Industry Entities

A new guidance document is available at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIDisclosures.pdf> on the CMS NPI web page. This guidance relates to the disclosure of health care providers' NPIs by health industry entities for the purpose of using NPIs in HIPAA standard transactions.

New Frequently Asked Questions (FAQs) Posted

CMS has posted new NPI FAQs on its website.

Questions include:

- I have been told to protect my National provider Identifier (NPI) and I have been told to share my NPI - How am I to protect my NPI if I must share it with others?
- [With whom should I share my NPI?](#)
- Am I required to share my NPI with health plans, other providers and any other entity that requests it?
- Does the National Plan and Provider Enumeration System (NPPES) handle applications for health plan identifiers, as it does for health care provider identifiers?
- May a health plan require that an individual health care provider obtain two NPIs if that provider has two separate business roles – for example, as a physician seeing patients at a group practice, and as a durable medical equipment (DME) supplier?

To view these FAQs, please go to the CMS dedicated NPI web page at <http://www.cms.hhs.gov/NationalProvIdentStand/> and click on Educational Resources. Scroll down to the section that says "Related Links Inside CMS" and click on Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated".

Continued on page 5

Continued from page 4

Important Information for Medicare Providers

Reminder to Use the NPI and Legacy Identifiers on Medicare Claims

Medicare is accepting the NPI on claims; however, providers should also submit their Medicare legacy identifiers on their claims until further instructions are released.

Important Notice: Medicare Extends Date for Accepting Form CMS-1500 (12-90)

While Medicare began to accept the revised Form CMS-1500 (08-05) on January 1, 2007 and was positioned to completely cutover to the new form on April 1, 2007, it has recently come to our attention that there are incorrectly formatted versions of the revised form being sold by print vendors, specifically the Government Printing Office (GPO). After reviewing the situation, the GPO has determined that the source files they received from the NUCC's authorized forms designer were improperly formatted. The error resulted in the sale of both printed forms and negatives which do not comply with the form specifications. However, not all of the new forms are in error.

Given the circumstances, **CMS has decided to extend the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007 deadline while this situation is resolved. Medicare contractors will be directed to continue to accept the Form CMS-1500 (12-90) until notified by CMS to cease. At present, we are targeting June 1, 2007 as that date.** In addition, during the interim contractors will be directed to return, not manually key, any Form CMS-1500 (08-05) forms received which are not printed to specification. By returning the incorrectly formatted claim forms back to providers, we are able to make them aware of the situation so they can begin communications with their form suppliers.

The following will help to properly identify whether their version of the form needs to be updated. The old version of the form contains "Approved OMB-0938-0008 FORM CMS-1500 (12-90)" on the bottom of the form (typically on the lower right corner) signifying the version is the December 1990 version. The revised version contains "Approved OMB-0938-0999 FORM CMS-1500 (08-05)" on the bottom of the form signifying the version is the August 2005 version. Checking the information at the upper right hand corner of the form is the best way to identify if that particular version is correct. On properly formatted claim forms, there will be approximately a 1/4" gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

Upcoming WEDI Events

WEDI will host the 16th Annual WEDI National Conference May 14 – 17 in Baltimore, Maryland. Visit the WEDI website for more details on this event, as well as others, at <http://www.wedi.org/npioi/index.shtml> on the web. Please note that there is a charge to participate in WEDI events.

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Update on Aide Database

By Terry Whitson

The Indiana Office of Technology and the Indiana State Department of Health informed health care providers on March 14, 2007 that a file containing information on certified nurse aides, qualified medication aides, and home health aides was illegally accessed and copied. The file accessed was used to support the online aide verification system. The Indiana Office of Technology and the Indiana State Department of Health are deeply sorry for this security breach and the inconvenience that it has caused.

As of April 4, 2007, the Indiana State Department of Health has no evidence that the information has been wrongly used. As is prudent for all individuals, however, we encourage all aides to closely monitor their credit and obtain a free credit report from the three credit bureaus.

The compromised file was a nurse aide, qualified medication aide, and home health aide registry file containing the names of persons who are or have been a certified nurse aide, qualified medication aide, or home health aide. The information included on the file was the name, address, certification number, and social security number of approximately 72,000 aides. The specific file was an old file affecting individuals certified on or before July 29, 2005. Individuals certified or registered after that date were not included in the compromised information.

As for a description of the incident, a security breach occurred this year in early January when a hacker illegally accessed a State of Indiana Web site. The Indiana Office of Technology discovered the breach on January 25, 2007. Through an audit and investigation, the breach of the aide registry information was discovered on March 5, 2007. Through analysis of files that were accessed, it was determined later that week that the compromised file was an old list dating back to July 29,

2005. The United States Department of Justice has been investigating this incident and has a suspect in the case. An arrest and prosecution is likely.

The hacking incident apparently involves government Web sites of several states that were illegally accessed.

The Indiana Office of Technology and the Indiana State Department of Health have taken numerous steps to inform all aides affected by the incident and protect personal information. Our first action, as you would expect, was to secure the breach. The point of illegal entry was immediately closed and law enforcement agencies were notified of the security breach. The U.S. Department of Justice has aggressively investigated this case and the Indiana Office of Technology and the Indiana State Department of Health are fully assisting the investigation. Second, the Indiana Office of Technology sent letters to the last known address of all approximately 72,000 individuals included in the breached file. These letters informed the aides of the security breach and what resources were available to assist them in assuring the security of their information. These letters went out beginning on March 13 with all letters sent by March 15. The Indiana State Department of Health notified nursing homes and home health agencies at the same time to try to reach as many individuals as possible. A second round of letters was later sent out to aides whose addresses were discovered to have changed. Third, a telephone hotline was set up to answer questions about the breach. As of April 6, the line has received 5,040 calls. Fourth, we are improving our security and changing databases to remove social security numbers from the online application where these numbers were stored. The application was disabled to prevent any further compromise of the information.

The online system allowing providers

to verify the status of aides was the source of the security breach. This system was developed to assist health care providers in verifying that an aide is appropriately certified or registered. Upon discovery of the security breach, the point of illegal entry was immediately closed to secure the system.

Upon continued review, the Indiana State Department of Health and Indiana Office of Technology decided to disable the application and upgrade the system to further enhance its security. The application was disabled on March 16. The application has been redesigned so that the full social security number is no longer part of the database. When searching for an aide, a search may now be accomplished using the name and last four digits of the social security number or the aide's certification number. We have also installed additional hardware that helps prevent intrusions as well as additional efforts to increase security of information. The redesigned online system was reposted on April 5 and is now available to providers.

The online verification system was developed several years ago and has proven to be a valuable tool for providers. The system utilizes an older operating system and has limited capabilities. The Indiana State Department of Health has therefore decided to upgrade the system. The agency is working with the Indiana Professional Licensing Agency to add the aides to the License2000 system. This is the same licensing system used by most Indiana healthcare professionals. This system will allow for online renewal and many added features. Unlike the present system, there will not be a charge for using the system. Development of the new database and system has begun and we hope to have it completed this year.

INDIANA MEDICAL ERRORS REPORT RELEASED

INDIANAPOLIS— Governor Mitch Daniels and state health officials today released the first preliminary report of the Medical Error Reporting System (MERS), designed to provide reliable data on medical errors and improve patient safety. According to preliminary data, 77 medical errors were reported for 2006.

Seventy-two events happened at hospitals, and five events occurred at ambulatory surgery centers.

Indiana joins Minnesota as the only other state with a medical error reporting system based on the National Quality Forum serious adverse reportable events. MERS requires hospitals, ambulatory surgery centers, abortion clinics, and birthing centers to report to the Indiana State Department of Health any of 27 serious reportable events in these categories: surgical, products or devices, patient protection, care management, environmental and criminal.

“Any avoidable death or injury is a tragedy, and we want Hoosiers to be the safest citizens in America. Many mistakes are simple to prevent. The data we get from this report will help reduce the frequency of medical errors by revealing causes and identifying statewide trends,” said Governor Mitch Daniels.

A 2000 report by the Institute of Medicine suggested that between 44,000 and 98,000 people die each year in U.S. hospitals as a result of medical errors.

State Health Commissioner Judy Monroe, M.D., said as awareness of reporting requirements increases, the number of medical errors in future reports will increase.

“We are requiring health care providers to report errors not to punish them, but instead, to help to improve patient safety,” Monroe said. “This kind of transparency will help to create a health care culture that looks

beyond blame and supports patient safety through collaboration and responsibility.”

According to the report, 23 reported events were stage 3 or 4 pressure ulcers acquired after admission to the facility. Other reported events include:

- Twenty-one events of retention of a foreign object in a patient after surgery.
- Nine events of surgery performed on the wrong body part.
- The remaining 24 events fell in the remaining categories, which can be found in the report on the State Department of Health Web site.

“One patient harmed is one too many,” said Kenneth G. Stella, president of the Indiana Health & Hospital Association. “Today’s first report on serious adverse events identifies weaknesses in care systems and processes, and it helps set an accelerated agenda for change. Gathering the data is only a first step in the improvement process. Each reporting hospital has studied the causes for the system failures and begun work to prevent their recurrence – not just in their facilities but in every hospital.”

“Indiana’s new reporting system centers on a basic tenet of health care delivery – preventing harm to patients,” said Betsy Lee, director of the Indiana Patient Safety Center.

“The system provides a catalyst for greater engagement of all health care stakeholders in the critically important work of redesigning health care processes to protect patients.”

“To achieve the best possible patient safety system and one that continuously improves, Hoosiers need a statewide network to identify, understand, and address medical errors,” said Joseph Pekny at the Regenstrief Center for Healthcare

Engineering at Purdue University.

“The Indiana MERS will help provide the data needed to address medical errors in a timely, evidence-based, and effective manner.”

Each facility is required to report an event, as well as the facility where the event occurred, and the quarter and calendar year of the event. MERS only collects data on the number and category of reported events. It does not collect specific information about the event; distinguishing between events that result in death and serious disability; events that result in less than death or serious disability; “near misses;” and root cause analysis.

Facilities have approximately six months to review and report events, giving them until June 30, 2007. The final report will be issued in August 2007. On Jan. 11, 2005, Governor Daniels issued Executive Order 05-10 requiring the Indiana State Department of Health to develop and implement MERS. The report is available at www.statehealth.in.gov.



**Indiana State
Department of Health**

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Long Term Care



Indiana State Department Of Health Division of Long Term Care



TELEPHONE GUIDE

Arranged alphabetically by subject

All are Area Code 317

| SUBJECT | CONTACT PERSON | EXTENSION |
|-------------------------------------------------------------------------------------------------|---------------------------|-----------|
| Administrator/DON, Facility Name/Address Changes | Seth Brooke | 233-7794 |
| Bed Change Requests (Changing/Adding Licensed Bed/Classifications) | Seth Brooke | 233-7794 |
| CNA Registry | Automated | 233-7612 |
| CNA Investigations | Zetra Allen | 233-7772 |
| CNA/QMA Training | Nancy Adams | 233-7480 |
| Director, Division of Long Term Care | Suzanne Hornstein | 233-7289 |
| Enforcement & Remedies | Miriam Buffington | 233-7613 |
| Facility Data Inquiries | Sarah Roe | 233-7904 |
| FAX, Administration | | 233-7322 |
| Incidents/Unusual Occurrences | Fax | 233-7494 |
| | Voicemail | 233-5359 |
| | Other | 233-7442 |
| Informal Dispute Resolution | Susie Scott | 233-7651 |
| License/Ownership Verification Information | Seth Brooke | 233-7794 |
| License Renewal | Seth Brooke | 233-7794 |
| Licensed Facility Files (Review/Copies) | Darlene Jones | 233-7351 |
| Licensure & Certification Applications/Procedures (for New Facilities and Changes of Ownership) | Seth Brooke | 233-7794 |
| Life Safety Code | Rick Powers | 233-7471 |
| MDS/RAI Clinical Help Desk | Gina Berkshire | 233-4719 |
| MDS Technical Help Desk | Technical Help Desk Staff | 233-7206 |
| Monitor Program | Debbie Beers | 233-7067 |
| Plans of Correction (POC), POC Extensions & Addenda | Area Supervisors | See Below |
| Plans & Specifications Approval (New Construction & Remodeling) | Dennis Ehlers | 233-7588 |
| Reporting | Seth Brooke | 233-7541 |
| Rules & Regulations Questions | Debbie Beers | 233-7067 |
| Survey Manager | Kim Rhoades | 233-7497 |
| Transfer/Discharge of Residents | Seth Brooke | 233-7479 |
| Unlicensed Homes/Facilities | Linda Chase | 233-7095 |
| Waivers (Rule/Room Size Variance/ Nursing Services Variance) | Seth Brooke | 233-7794 |
| Web Site Information | Sarah Roe | 233-7904 |
| AREA SUPERVISORS | | |
| Area 1 | Judi Navarro | 233-7617 |
| Area 2 | Brenda Meredith | 233-7321 |
| Area 3 | Brenda Buroker | 233-7080 |
| Area 4 | Zetra Allen | 233-7772 |
| Area 5 | Karen Powers | 233-7753 |
| Area 6 | Pat Nicolaou | 233-7441 |
| Life Safety Code | Rick Powers | 233-7471 |
| ICF/MR North | Chris Greeney | 233-7894 |
| ICF/MR South | Steve Corya | 233-7561 |

Updated 08/2006

Web Sites of Note

Certified Nurse Aide Registry

<http://www.in.gov/ai/appfiles/isdh-cna/>

CNAs with Verified Findings

<http://www.in.gov/isdh/regsvcs/ltc/cnafind/index.htm>

MDS Bulletins

<http://www.in.gov/isdh/regsvcs/acc/oasis/>

MDS Web Site

<http://www.cms.hhs.gov/MinimumDataSets20/>

Nurse Aide Training Guide

<http://www.in.gov/isdh/regsvcs/ltc/naguide/index.htm>

Nurse Aide Training Sites

<http://www.in.gov/isdh/regsvcs/ltc/natdir/index.htm>

Consumer Guide to Nursing Homes

<http://www.in.gov/isdh/regsvcs/ltc/profile/index.htm>

Nursing Home Compare (CMS)

<http://www.medicare.gov/nhcompare/home.asp>

Report Cards

<http://www.in.gov/isdh/regsvcs/ltc/repcard/index.htm>

Access Indiana

<http://www.in.gov/>

Indiana Secretary of State

<http://www.in.gov/sos/>

Family and Social Services Administration- Aging:

<http://www.in.gov/fssa/elderly/>

Family and Social Services Administration- Healthcare

<http://www.in.gov/fssa/programs/healthcare/>

Indiana Medicaid

<http://www.indianamedicaid.com/ihcp/index.asp>

Indiana State Police

<http://www.in.gov/isp/>

Indiana State Department of Health Web Page

<http://www.in.gov/isdh/>

Laws, Rules, and Regulations

<http://www.in.gov/isdh/regsvcs/ltc/lawrules/index.htm>

State Operations Manual

<http://www.cms.hhs.gov/manuals/IOM/list.asp>

Centers for Medicaid and Medicare Services (CMS)

<http://www.cms.hhs.gov/>

US Government Printing Office

<http://www.gpo.gov/>

ICF/MR Facility Directory

<http://www.in.gov/isdh/regsvcs/ltc/icfmrdir/index.htm>

Long Term Care Facilities Directory

<http://www.in.gov/isdh/regsvcs/ltc/directory/>

Non-Cert. Comp. Care Facility Dir.

<http://www.in.gov/isdh/regsvcs/ltc/nccdir/index.htm>

Residential Care Facilities Directory

<http://www.in.gov/isdh/regsvcs/ltc/resdir/index.htm>

Retail Food Establishment Sanitation

<http://www.in.gov/isdh/regsvcs/foodprot/retail.htm>

AdminaStar Federal

<http://www.adminastar.com>

TB Skin Testing Course

http://www.in.gov/isdh/programs/tb/tb_train.htm

How to read a survey

<http://www.in.gov/isdh/regsvcs/ltc/readsurvey/index.htm>

Questions About Healthcare

<http://www.in.gov/isdh/regsvcs/ltc/questions/index.htm>

Reporting a Complaint

<http://www.in.gov/isdh/regsvcs/ltc/complaints/index.htm>

State Forms Online PDF Catalog

<http://www.state.in.us/icpr/webfile/formsdiv/index.html>



Indiana State Department of Health - Division of Long Term Care

Form Approved by State Board of Accounts, 2007.

Instructions:

- Instructions:**
1. The QMA is responsible for completing the in-service education requirements, maintaining documentation of in-service education, and submitting, or ensuring the submission of, the qualified medication aide record of annual in-service education form and fee (\$10.00).
 2. Annual in-service education must relate to medication and/or medication administration.
 3. If a QMA performs medication administration via a G-tube/J-tube, hemoccult testing, finger stick blood glucose testing, annual in-service must be done yearly.

Qualified Medication Aide Certification #:

Home Address: _____

(Please print street address (include Post Office box number, if applicable) City State ZIP

Phone: / E-mail address: (optional)

This form and fee must be submitted to ISDH by March 31.

I submit the above information as proof of having met the six (6) hour per year in-service requirement and hereby apply for re-certification.

Qualified Medication Aide Signature: _____

Date:

For office Use Only:

Entered By: _____

Date: _____

Receipt #

IMPORTANT NOTICE

CERTIFICATION/RECERTIFICATION/REINSTATEMENT and IN-SERVICE EDUCATION REQUIREMENTS FOR QUALIFIED MEDICATION AIDE (QMA)

Effective January 1, 2005, the QMA certification process and in-service education requirement is mandatory every year. This is in accordance with Indiana Administrative Code 412 IAC 2-1-10. Under this rule all QMAs must meet the following three (3) requirements:

- 1. Be certified by the Indiana State Department of Health every year;**
- 2. Obtain a minimum of six (6) hours per year of in-service education in the area of medication administration; and**
- 3. Submit appropriate fee to Indiana State Department of Health with recertification request.**

RECERTIFICATION:

At least 30 days prior to the expiration of the certificate, the individual must:

- obtain a minimum of six (6) hours per year of annual in-service education;
- submit to the Indiana State Department of Health a qualified medication aide record of annual in-service education on the form approved by the ISDH; and
- submit to the ISDH the appropriate fee.

The QMA is responsible for completing the in-service education requirements, maintaining documentation of in-service education, and submitting, or ensuring the submission of, the qualified medication aide record of annual in-service education form and appropriate fee.

REINSTATEMENT:

If the recertification fees and/or in-service education form is received by the ISDH ninety-one (91) or more days after expiration of the QMA certification, the individual is removed from the QMA registry and must be reinstated. For reinstatement as a QMA following removal from the QMA registry, the individual must:

- complete an ISDH approved QMA course;
- submit to the testing entity an application approved by the ISDH;
- pass the written competency test in three (3) or fewer attempts with a passing score of 80%.

IN-SERVICE EDUCATION REQUIREMENTS:

Annual in-service education shall include medication administration. If facility policy allows the QMA to perform such functions in the facility,

annual in-service education shall also include:

- medication administration via G-tube/J-tube;
- hemocult testing;
- finger stick blood glucose testing (specific to the glucose meter used).

QMA certificates are effective upon issue and expire on March 31 of the next year. The annual in-service education requirement period begins each year on March 1 and concludes on the last day of February of the next year. In the case of an initial certificate, the annual in-service education requirement period begins on the QMA certification effective date and concludes on the last day of February of the next year. The in-service education requirement period therefore ends one (1) month prior to the expiration of the certification.

Qualified Medication Aide Record of Annual In-service Training form and fee (\$10.00 check or money order payable to Indiana State Dept. of Health) should be submitted to ISDH. The form and fee must be sent to:

Indiana State Department of Health
Cashier's Office
PO Box 7236
Indianapolis, IN 46207-7236

Failure to submit certification in a timely manner may result in additional fees or removal from the QMA registry. (Removal from the registry will require completion of a QMA course and passing of the QMA competency test for re-instatement).

If you have additional questions, please call Nancy Adams at 317/233-7480 or Nancy Gilbert at 317/233-7616.

**LONG TERM CARE
PROVIDER SURVEY QUESTIONNAIRE**

The Indiana State Department of Health, Long Term Care Division (LTC) recently performed a survey in your facility. Please evaluate the LTC survey performance by taking a few minutes to complete and return this questionnaire.

Your completion and return of this questionnaire will help the Long Term Care Division continue to improve the survey process, and thereby to serve you and others more effectively.

The purpose of this questionnaire is to improve the quality of the survey process through your responses to the questions contained herein. The information in this questionnaire will have no negative impact on the survey or subsequent survey activities in your facility.

Thank You,

Sue Hornstein, Director
Long Term Care Division

PLEASE RETURN THIS FORM TO: SUE HORNSTEIN, DIRECTOR OF LONG TERM CARE IN THE PROVIDED ENVELOPE WITHIN 2 DAYS OF SURVEY EXIT

| Using the scale below, please check the number that applies. | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|-----------------|
| 5: Strongly Agree 4: Agree 3: Neutral 2: Disagree 1: Strongly Disagree NA: Not Applicable | | | | | | | |
| QUESTION: | 5 | 4 | 3 | 2 | 1 | N | COMMENT: |
| | | | | | | | |
| 1. Survey process was clearly explained. | | | | | | | |
| 2. Surveyor conducted the survey in such a manner to minimize disruption of the facility's routine. | | | | | | | |
| 3. Client/patient/resident reaction to the survey was positive. | | | | | | | |
| 4. Communication with surveyor(s) was on-going during survey. | | | | | | | |
| 5. Provider/facility had opportunity to discuss daily survey concerns with the surveyor(s). | | | | | | | |
| 6. Received knowledgeable response from surveyor(s) if provider/facility requested clarification during survey process. | | | | | | | |

Using the scale below, please check the number that applies.

5: Strongly Agree **4:** Agree **3:** Neutral **2:** Disagree **1:** Strongly Disagree **NA:** Not Applicable

| QUESTION: | 5 | 4 | 3 | 2 | 1 | NA | COMMENT: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|----|----------|
| | | | | | | | |
| 7. The survey was conducted in a professional and courteous manner – surveyor(s) interacted with staff in a respectful manner. | | | | | | | |
| 8. Surveyor(s) interacted respectfully with facility residents. | | | | | | | |
| 9. Surveyor(s) maintained confidentiality and privacy of residents/clients during conversations and survey observations. | | | | | | | |
| 10. Adequate information was provided during the exit conference to allow facility staff to understand any areas of non-compliance. Surveyor(s) were receptive to materials provided by the facility and appeared to conduct a review of those materials in consideration of voiced concerns. | | | | | | | |

Additional comments or information about the onsite survey process:

Please recommend one change that would improve the survey experience:

Type of on-site survey conducted (please identify all that apply):

- ☐ Medicare/Medicaid Certification
 ☐ State Licensure Only
 ☐ Follow-up Survey
☐ Complaint Investigation
 ☐ LSC/Physical Environment
 ☐ Other

Facility Name: _____

Facility Address: _____

Date of Survey: _____



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-07-10

DATE: January 12, 2007

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: **Multiple Providers - Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non-Medical Health Care Institutions, Programs of All-Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, Intermediate Care Facilities for the Mentally Retarded – Medical Gas Storage and Usage Considerations**

Memorandum Summary

- ☐ Up to 300 cubic feet of nonflammable medical gas may be accessible as operational supply rather than storage, when properly secured.
- ☐ An individual container of medical gas placed in a patient room for “as needed” (but regular) individual use is not required to be stored in an enclosure, when properly secured.

The purpose of this memorandum is to answer questions regarding storage requirements for small quantities of medical gas and what is considered when determining if a medical gas container is “in use.” These issues are not addressed by the 1999 edition of NFPA 99 Health Care Facilities but information on these issues can be found in the 2005 edition of NFPA 99 Health Care Facilities at 9.4.3.

Q1. Can up to 300 cu ft of nonflammable medical gas (12 E sized cylinders) associated with patient care be located outside of an enclosure at locations open to the corridor in a healthcare facility?

A1. Yes, up to 300 cu ft of nonflammable medical gas can be located outside of an enclosure (per smoke compartment) at locations open to the corridor such as at a nurse’s station or in a corridor of a healthcare facility.

This amount of nonflammable medical gas per smoke compartment is not considered a hazard if the containers are properly secured, such as in a rack to prevent them from tipping over or being damaged. In this case the medical gas is considered an “operational supply” and not storage. If the cylinders are placed in a corridor they should be placed so as not to obstruct the use of the corridor. This amount of medical gas is in addition to those cylinders contained in “crash carts” and in use on wheelchairs or gurneys.

Q2. When medical gases are used by patients on a “PRN” basis does the container have to be stored in an approved gas storage room when not being used?

A2. The term “PRN” means “as needed.” An individual cylinder placed in a patient room for immediate use by a patient is not required to be stored in an enclosure and is considered in use. It should be secured to prevent tipping or damage to the cylinder. If the resident does not need the use of oxygen for an extended period of time, such as several days, then the medical gas container should be removed from the room and properly secured in an approved storage room.

If you have any questions concerning this memorandum, please contact James Merrill at James.Merrill@cms.hhs.gov

Effective Date: The information contained in this memorandum is current policy and is in effect for all healthcare facilities. The State Agency should disseminate this information within 30 days of the date of this memorandum.

Training: This information should be shared with all appropriate survey and certification staff, surveyors, their managers and state fire authorities and their staff.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-07-16

DATE: March 2, 2007
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Clarification of Provider Number Nomenclature

Letter Summary

- ☐ Following the implementation of the National Provider Identifier (NPI), the Medicare/Medicaid Provider Number will continue to be issued to certified providers/suppliers and used on all Survey and Certification, and patient assessment transactions.
- ☐ In order to distinguish its role from that of the NPI, the Medicare/Medicaid Provider Number has been renamed the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

By law, the NPI will become the only acceptable provider identifier on Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standard Transactions (i.e., claims, remittance advice, eligibility inquiries, prior authorization and referral, and claims status).

However, post NPI implementation, the Medicare/Medicaid Provider Number will continue to be issued to certified providers/suppliers and used to verify Medicare/Medicaid certification on all survey and certification and resident/patient assessment transactions. In order to avoid confusion with the NPI, the Medicare/Medicaid Provider Number has been renamed the CCN. All applicable forms, data entry fields, systems, and manuals are being revised to reflect this new name and the role of the CCN versus the NPI. In some activities, both numbers will be used.

Effective immediately, 'CCN' will replace the term 'Medicare/Medicaid Provider Number' in survey and certification, assessment-related activities, and communications. This terminology change should be explained in those instances. When the NPI is called for on any form or transaction, it should be provided, if available. When the Medicare/Medicaid Provider Number (also known as the Online Survey, Certification, and Reporting (OSCAR) Number; Medicare Identification Number; or provider number) is requested, the CCN should be provided.

NOTE: This policy does not apply to the Clinical Laboratory Improvement Amendments (CLIA) Number which will continue to be used as it has been.

Effective Date: This guidance is effective immediately. The State Agency should disseminate this information within 30 days of the date of this memorandum.

Training: The information contained in this announcement should be shared with all surveyors, survey and certification staff, their managers, and State and RO training coordinators. It should also be shared with certified providers/suppliers.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

CNA's with verified findings as of 04/03/2007

The complete list can be found at <http://www.in.gov/isdh/regsvcs/ltc/cnafind/index.htm>.

| | | |
|---------------------|-----------------------|-----------------------|
| ABEL, BETH A | BASKIN, DELICIA A | BRYANT, BARBARA A |
| ABRAM, WILLIAM | BAUGH, BILLIE J | BRYANT, NEFERTITI V |
| ABSTON, ANGELA M | BAUSMAN, ANGELA | BRYCE, SHARON N |
| ACKER, EVELYN | BEARD, KEVIN W | BUCHANAN, JR, WALTER |
| ADAMS, JETTON | BEARD, RENEE M | BUDA, PHYLLIS |
| ADAMS, LYNN A | BEEPOT, MARY C | BULLOCK, YVONNE |
| ADAMS, MAURCITA W | BEERY, DEBRA L | BURKE, NANCY R |
| ADAMS, SHERRY | BEGLEY, THELMA C | BURKE, PATRICE C |
| AGNEW, LYNETTA C | BELCHER, WILLIAM D | BURKS, MONA M |
| ALBRECHT, DEBRA K | BENEMATTI, SCOTT | BURNETT, MELISSA K |
| ALDERFER, STEVEN M | BENNETT, HELEN L | BURNS, HELEN |
| ALFRED, ROBBIN | BENNETT, LISA G | BURRELL, MARGARET L |
| ALLEN, CHRISTA D | BENSON, EDDIE | BURRUS, KENNETH |
| ALLEN, LYDIA J | BESTER, Gerdine | BUSH, DENICE |
| ALLEN, SHARIONE | BICKEL, DARLENE | BUSSARD, ZANE V |
| ALLEN, TREVA J | BIGLEY, VONNIE | BUTLER, DONNA |
| ALLISON, GENE M | BISHOP, JULIE A | BUTLER, TONI R |
| ANDERSON, LOIS B | BJORNSTAD, GINGER L | BUTLER JR, ROBERT L |
| ANDERSON, SARAH J | BOGNER, PATRICIA | BYRD, DONNA E |
| ANDERSON, YOLANDA A | BOHNERT, KRISTINA | BYRUM, JUDY J |
| ANDREWS, BETH E | BOLDEN, DEMETRIUS | CADE, TIANA L |
| ANKROM, JOHN | BOLLER, MELISSA S | CAIN, CHARLOTTE M |
| ARIHOOD, SARA E | BOOE, LARRY E | CAIN, JANICE |
| ARNETT, FELICIA | BOONE, DEBBIE A | CAIN JR, JAMES A |
| ARNOLD, JUNE | BOOTHE, ROY C | CALDWELL, LANOAH M |
| ARNOLD, MICHAEL | BORJAS, JESSICA | CAMPBELL, BRUCE R |
| ASBURY, HOPE | BORNE, CANDY | CAMPBELL, CONSTANCE |
| ASHBY, QUINTIL J | BOTARF, CARA L | CAMPBELL, EULA A |
| AURILUS, RISSA | BOWENS, JA VON R | CAMPBELL, TIFFANY J |
| BABB, KIMBERLY A | BOWERS, CAROL A | CANNON, DEBORAH E |
| BACON, VERONDA M | BOWERS, CHERYL R | CANTER, CARRIE R |
| BAILEY, SHERRY Y | BOWLING, JANUS | CANTRELL, KATHY |
| BAIRD, JAMES E | BOXELL, CHRISTOPHER D | CARLISLE, MARION E |
| BAKER, ANGELA | BOYD, KHAWANDA K | CARNLEY, MELINDA |
| BAKER, JONATHAN | BOYLL, BEVERLY - | CARRUTHERS, TAMARA |
| BAKER, SHAMBERLEY | BRADSHAW, RODNEY J | CARTER, HELEN B |
| BAKER, SHERRY | BRADY-KRANTZ, AMY A | CARTWRIGHT, HELEN L |
| BALDWIN, ASHANTI F | BRIDGEMAN, AMY L | CASE, DAVID C |
| BALL, CHRISTOPHER | BRIDGES, PRISCILLA | CASE, ROSEMARY V |
| BALL, LORETTA | BRISTOW, JENNIFER | CASH, SHARON L |
| BANKS, CONERAL - | BROCKHAUS, VIRGINIA - | CASWELL, CHAYDA C |
| BANKS, RIKITA D | BROOKS, SONDRAL | CEDRAS, PAMELA G |
| BANKS, TAMMY R | BROOKS, STEPHANIE L | CHAFFORD, BRANDY |
| BANYON, DEBORAH L | BROOKS, STEPHANIE | CHAMNESS, CANDY |
| BARKALOW, LAURA | BROUGHTON, DOROTHY | CHANDLER, KIMBERLY |
| BARKER, KEESHA | BROWN, JEAN M | CHANDLER, KRISTA |
| BARNER, DARLENE F | BROWN, NINA L | CHAPMAN, EARLINE G |
| BARNES, KELLY S | BROWN, ROBIN R | CHAPMAN, ERIKKA |
| BARR, JESSICA | BROWN JR, FRED L | CHARLESTON, VALERIE R |
| BARRINGTON, ANITA | BROWNIE, PATRICIA A | CHASE, DEBBIE L |

CNA's with verified findings as of 04/03/2007

The complete list can be found at <http://www.in.gov/isdh/regsvcs/ltc/cnafind/index.htm>.

| | | |
|---------------------|-----------------------|------------------------|
| CHATTIN, REBECCA J | CUMMINS, KATHY | ESHELMAN, KAREN |
| CHEEK, DIANA L | CUNNINGHAM, DANA | EVANS, ALISHA |
| CHILTON, TINA L | CURLIN, BARBARA A | EVANS, TAMIKA A |
| CLABAUGH, DEBRA J | CURTIS, JACQUELINE | EVANS, WHITNEY L |
| CLARK, ERNESTINE | CUSHINBERRY, SANDRA L | EWUMI, EMMANUEL A |
| CLARK, KIMBERLY | DAVIDSON, EDITH | FAITH, NANCY M |
| CLARK, KYMYATA T | DAVIS, DEDRIA L | FARKOS, MARJORIE |
| CLARK, SABRINA R | DAVIS, MAXINE - | FARRIS, AMANDA R |
| CLEVENGER, TARA | DAVIS, PAMELA D | FAULK, GABRIELLE L |
| CLONTS, DARNITA | DAVIS, SHAWN W | FAULKENBERG, MELISSA A |
| COBBS, RENITA Y | DAVIS, TABATHA A | FAVER, CASEY L |
| CODY, LESLIE L | DAVIS, VAUGHN L | FENNESSE, TAYNISHA |
| COFFEE, VALERIE | DAWS, CARLA S | FIDLER, STEVEN D |
| COFFENBERRY, EMMA J | DAY, COURTNEY A | FIELDS, BELINDA |
| COLE, PEGGY A | DEAN, MAGDALENE | FINDLEY, DOROTHY F |
| COLEMAN, KADIYATU W | DELONG, KATHY M | FISH, DONNA |
| COLLIER, LONNIE | DENTON, DELORES M | FLATER, SHARON K |
| COLLINS, TERESA | DICKERSON, MYLES A | FLEENER, VANESSA |
| COLVIN, HENRY | DIERINGER, SARA | FLEMING, DANA C |
| COLVIN, MARY A | DILDINE, ROBERT W | FLICKINGER, TRACY L |
| COMER, FAUNA E | DILWORTH, ANGELA | FOLEY, SHARON J |
| CONNER, ANGELA | DOSS, ALICIA E | FORD, YEVETTE |
| CONNER, YOLANDA I | DOWNES, MARY L | FOSTER, THERESA J |
| CONWAY, BONITA G | DRAKE, DAVID R | FOUNTAIN, MONICA |
| COOK, CHERYL | DRUMMER, DANIELLE | FOUST, JOSEPHINE L |
| COOK, CORY E | DUFFY, SOPHIA | FRANKLIN, JACQUELYN R |
| COPPOCK, KATHY | DUNN, AMBER | FRANKLIN, TARA |
| CORD, KRISTY A | DUNTON, HUMBERTO | FREDERICK, SHERRY L |
| CORY, DOLLIE | DYER, LILLIAN | FRISQUE, ASHLEY |
| COSTELLO, TERRI L | DYKES, GARY | FULKERSON, BONNIE J |
| COUCH, CAROLYN | EAKLE, LEORA C | FULTZ, JESSICA M |
| COULTER, BETSY J | EARLYWINE, CARRIE | FUSON, CINDY |
| COUTS, GENISE T | EASTON, SHARON E | GAINES, FAITH L |
| COX, NANCY - | EASTRIDGE, LORIA E | GAMMON, CLIFFORD |
| COX, TAWNDA S | ECHTERLING, DARREN R | GAMMONS, JEFF |
| CRAFT, MISTY D | EDMONDS, LISA M | GANN, JULIA K |
| CRAIG, ANITA | EDMONDSON, MAKEDA J | GANT, CHARISE E |
| CRAIG, RUTH M | EDMONDSON, MOLLY S | GARDNER, BRENDA F |
| CRAWFORD, ANGELA D | EDWARDS, CHERYL L | GARRETT, ALLYNE |
| CRAWFORD, CYNTHIA L | EIRK, ANN | GARTRELL, CRISTINA R |
| CREWS, PAULINA S | EISELE, VIVIAN | GASAMA, MARGARET |
| CRICK, AMANDA | ELKINS, CASANDRA | GEE, TERRI L |
| CRIDER, KENNETH W | ELLIOTT, SARAH D | GEISE, JUANITA |
| CRIDGE, WILLIE J | ELLIS, GLENETTA I | GENTRY, TAMIKA L |
| CRONIN, REBECCA J | ELLIS, SUZANNE | GHOLSON, MARSHA A |
| CROSS, KRISTY J | ELPERS, APRIL M | GIBAT, JANET M |
| CUFFEL, PRAMOTE L | ELSEA, RACHEL K | GIBSON, ROSE M |
| CULPEPPER, YVONNE R | EMMONS, ROBERT | GIBSON, TYNEKA |
| CUMMINGS, KEVEN | ENGLEMAN, BETTY M | GILBERT, MELINDA G |
| CUMMINGS, VALERIE J | ENYEART, CASEY S | GILLESPIE, TRACY A |

CNA's with verified findings as of 04/03/2007

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| | | |
|-----------------------|----------------------|----------------------|
| GILMORE, THERESA D | HAWKINS, FANNIE | HUNKER, DEAN |
| GLEASON, TIMOTHY L | HAWKINS, HELEN P | HUTCHENS, HEATHER J |
| GODBERRY, DAVID | HAWKINS, LENA M | HUTCHINS, CAROL |
| GODWIN, DAVID C | HAYES, JERRY P | HUTCHISON, TANYA |
| GOHEEN, DONNA P | HAYNES, MARTHA J | HYATT, MINDY |
| GOINS, MILES B | HAYNES, RANDALL W | INDERSTRODT, JAMES R |
| GOLISH, CATHY | HEBB, SONJA | INMAN, SHIRLEY A |
| GORMAN, MC COUDRA | HENDERSON, LANONDRIA | IRVINE, NATHAN A |
| GRAFF, ADLEN A | HENDERSON, SHERRY L | ISBELL, JENNIFER G |
| GRAHAM, ANNA J | HENNING, DAVE L | JAMISON, DENISE |
| GRANT, DWAYNE E | HENSLEY, NORMAN T | JEWELL, NYLA J |
| GREEN, KENNETH | HIATT, CONCEPCION M | JINADU, OKE I |
| GREEN, MARILYN K | HICKS, MIKOLA R | JOHNSON, DEVIN L |
| GREENE, LILLIE D | HIGHSMITH, KATHY | JOHNSON, HELEN G |
| GREHAN, HEATHER M | HILL, PATRICIA | JOHNSON, JAUNITA M |
| GRIMES, SHARRON R | HILL, PORTIA | JOHNSON, JOHN |
| GRIMES, WESTON | HILL, REGINALD | JOHNSON, LARRY D |
| GROSS, MADALENE A | HILLIARD, DANIELA T | JOHNSON, LISA |
| GRUBBS, VICKY | HILLMAN, ANGELA K | JOHNSON, MARK |
| GUY, PAMELA J | HINTON, DONNA E | JOHNSON, MARY A |
| GUZMAN, ISAAC | HOBBS, ROSE A | JOHNSON, MURICE L |
| HACKMAN, MELINDA | HOFFMAN, THOMAS L | JOHNSON, ORILL G |
| HAGERTY, RHONDA | HOLBERT, KELLY L | JOHNSON, TISHA |
| HALL, LOUIS M | HOLDERMAN, VICKIE L | JONES, ARMETTA J |
| HALL, WILLA D | HOLECHKO, NELL A | JONES, BENEDETTA C |
| HALLIBURTON, SHARON B | HOLLEY, MARIE A | JONES, BRIAN W |
| HAMBY, JANICE A | HOLLIS, SHARNELL | JONES, DALE A |
| HAMILTON, AMANDA L | HOLLOWAY, ERICA | JONES, ELIZABETH A |
| HAMILTON, DONNA | HOLMGREN, DIANA L | JONES, GABRIELLE |
| HAMPTON, CAROLYN W | HOMMEL, SHANNON R | JONES, KERAH |
| HAND, KRISTIN | HONORABLE, RACHELLE | JONES, LANA K |
| HANKINS, PEGGY D | HOOD, LAURA - | JONES, MARY F |
| HANSFORD, SANDRA K | HOOTEN, MICHAEL | JONES, MICHAEL P |
| HARDIMAN, GAIL L | HORN, SANDRA A | JONES, VANESSA |
| HARDY, CYNTHIA | HOSKINS, ELLISA I | JORDAN, ANTONIA F |
| HARMON, VALERIE J | HOSTETLER, SHANNA | JORDAN, KELLY |
| HARMS, KRISTIE N | HOTTMAN, SANDRA L | JORDAN, SHARON E |
| HARNESS, MICHELLE | HOTZ, KAREN L | JOSEPH, PAMELA M |
| HARRIS, ANGIE | HOUPT, MARY E | KANKEL, GREGORY A |
| HARRIS, JUANITA - | HOUSER, BARBARA | KARCH, MELISSA J |
| HARRIS, NIKITA | HOWARD, CHARLOTTE A | KAUFMAN, SKYE |
| HARRIS, TINA S | HOWELL, PHYLLIS S | KAWZINSKI, JUDY |
| HARROLD, MICHAEL E | HUBBARD, DUWAYNE | KEESLING, JUANITA |
| HARTING, RAE ANNA L | HUDICK, SANDRA L | KELLY, JENEE' M |
| HARTMAN, BARBARA A | HUDSON, CATINNA | KENNY, DAVID S |
| HARVEY, DORIS J | HUDSON, LULU | KERSCHBAUM, AMBER |
| HARWELL, RICHARD | HUGHES, CYNTHIA K | KERSEY, VANGELEEN |
| HATFIELD, MARY | HUGHES, DEBORAH K | KESSNER, BRENN A D |
| HATTER, VICKIE L | HUGHES, LACY J | KEY, ANDREW W |
| HATTON, DIONTREIA | HUGHES, MICHELLE | KEYES, SANDRA |

CNA's with verified findings as of 04/03/2007

The complete list can be found at <http://www.in.gov/isdh/regsvcs/ltc/cnafind/index.htm>.

| | | |
|-----------------------|---------------------|------------------------------|
| KHUKIE, JAMBO | LYONS, SAN D | MORRIS, CARLENE E |
| KILGORE, PAUL | MACON, CONSTANCE L | MINION, DELORES (LOIS) M |
| KING, ANTHONY P | MADDEN, ANGELA D | MINKOSKY, BLANCHE |
| KING, MELISSA A | MAGEE, PAULA J | MINNIS, RACHEL M |
| KING, SHIRLEY A | MAGEE, YVONNE A | MITCHELL, LEROY M |
| KINSER, DARLENA L | MALONE, TAMMY K | MONCRIEF, PAMELA A |
| KIRK, JANICE M | MANNA, CYNTHIA M | MONTGOMERY JR, CHARLES |
| KNIGHT, ANGELA Y | MARCRUM, DONALD C | MOORE, CHERYL Y |
| KNIGHT, CHUCK | MARTIN, BRONDA U | MOORE, LISA |
| KOEBKE, KENNETH A | MARTIN, DONALD T | MOORE JR, EVERETT F |
| KOERS, ANNIE | MARTIN, MARCUS E | MORRIS, STACEY D |
| KOORSEN, TERESA L | MARTIN, RHONDA | MORTIMER, VICKI L |
| KREISHER, HANNAH M | MARTIN, SWANSETTA | MORTON, TRACEY S |
| KRUK, NANCY J | MASON, FRIEDA L | MOSER, CAMELLA E |
| KUJAWA, AMANDA | MASON, MARY L | MOSS, MATTHEW T |
| KUSTER, JAMES E | MASON, MELISSA K | MOYER, SANDRA |
| LAISURE, SHIRLEY | MASUNAS, KATHLEEN J | MTHAWANJI, RINA |
| LAMB, JANE A | MATANO, RUTHIE L | MUMFORD, MEDINA N |
| LANDON, DOROTHY | MATHIS, TROY L | MURPHEY, SHEILA - |
| LANDWER, KATHLEEN | MATNEY, DONNETTE J | MURRAY, PATRICIA M |
| LANE, CINDY | MATTHIE, MICHELLE | MYER, BRIDGET E |
| LANGER, SUSAN | MAXWELL, JAMESE | MYERS, ELISHA |
| LAPCZYNSKI, JUANITA K | MAY, ROSIE - | NANCE, BERNITA J |
| LASTER, ANGELA L | MC CLAIN, VERONICA | NANTZ, JENNIFER |
| LAWLER, MARGUERITE E | MC CORDUCK, NORA I | NASH, RITA M |
| LAWSON, STEPHANIE A | MC INTOSH, BONNIE S | NEAL, BARBARA |
| LE MANSKI, VALERIE M | MC KENZIE, PAMELA A | NEAL, TOINETTE Y |
| LEE, DELONNA F | MC NEILL, STACEY L | NELSON, RUBY J |
| LEE, EDNA L | MCBARNES, KEVIN P | NELSON, SHAWNE |
| LEON, DAVID | MCBRIDE, BRADLEY D | NEWLIN, JUDY J |
| LESHER, JOY | MCCLOSKEY, JOHN S | NEWPORT -BUSSING, JEANETTA S |
| LESLIE, ANGELA K | MCCRAY, VERMELL L | NOENS, EMILY |
| LETNER, CATERINE | MCGOWEN, CAROL M | NOWLAN, BARBARA J |
| LEWIS, CRAIG A | MCGRUDER, NENA | OLINGER, KATIE H |
| LEWIS, RITA K | MCINTYRE, KATHY R | ORCUTT, DANIELLE M |
| LIPE, TIMOTHY R | MCMILLER, GREGORY L | OSBORNE (ADKINS), LISA K |
| LIPSEY, LISA V | MCMILLIN, BEVERLY J | OWALABI, ISAAC O |
| LOCKRIDGE, MICHAEL W | MCROBERTS, MELODY G | OWENS, DANNY |
| LONBERGER, DEVONNA M | MEADS, STACEY | OWENS, PAMELA K |
| LOPEZ, SYLVIA | MEDINA, KAREN S | PACE, NAQUITA |
| LOTT, JOHNNIE B | MELCHI, PATRICIA M | PADGETT, JAMES R |
| LOUDEN, CARRIE L | MEREDITH, CYNTHIA M | PALMER, NICHOLE M |
| LOUDEN, HESTER A | MIDDLETON, CHERYL | PARKER, AMBER N |
| LOWERY, CANDY | MIDDLETON, ROBERT K | PARKER, SANDRA A |
| LOWTHER, JAMES R | MILLER, ANGELA M | PASSLEY, DARLENE |
| LOYD, GWENDOLYN J | MILLER, CARRIE | PATEL, MEENA S |
| LUNDSFORD, KAREN E | MILLER, DAWN M | PATRICK, STEPHANIE L |
| LUNN, MELISSA V | MILLER, MINNIE L | PATTERSON, JOY |
| LUNSFORD, JEREMY | MILLER, SHAWN E | PATTERSON, MELISSA |
| LYNN, MENDELLA J | MIMS, DORIS L | PAYNE, KATHARINE - |

CNA's with verified findings as of 04/03/2007

The complete list can be found at <http://www.in.gov/isdh/regsvcs/ltc/cnafind/index.htm>.

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| PAYNE (KELLER), RACHEL L | ROBERTS, MARGARET | SHOWEN, TAMARA L |
| PEARSON, SAMUEL - | ROBERTSON, KIMBERLY | SHROUT, BESSIE E |
| PEASE, LAURA K | ROBERTSON, ROBBIN L | SHULTZ, GLORIA G |
| PENNELL, JR., JAMES G | ROBINSON, GLORIA | SIDEBOTTOM, SEAIRRA S |
| PENNINGTON, HAROLD M | ROBINSON, MARY LOU | SIGLER, CYRILYN |
| PEREZ, FREDDIE | ROBINSON, MICHELLE | SILK, CRYSTOL |
| PEREZ, RHONDA | ROBINSON, SCHEREE L | SIMPSON, KAREN |
| PERRINE, KARA L | ROGERS, CHERYL | SINGLETON, JILL L |
| PETERSON, JERMAINE L | ROSENBAUM, JILL | SIZEMORE, SHARON K |
| PETERSON, NATALIE | ROSS, EUDORA E | SKROPITS, TAMIKA C |
| PETTIT, ANGELA (ANGIE) - | ROSSOK, JESSICA D | SLATER, PATRICIA K |
| PFEIFFER, GEORGIA K | ROUNDTREE, CARLA | SLATTERY, PATRICK A |
| PHILIPS, LEROY E | ROWE, CHERYL L | SMALLINGS, ERIKA |
| PHILLIPS, CONNIE J | RUBAN, MICHAEL J | SMECKO, SHANNON |
| PHILLIPS, PATRICIA A | RUCKER, ANGELA L | SMITH, ALICIA |
| PHILPOT, KAREN | RUSE, CHERYL - | SMITH, ALVENIA D |
| PIONKE, SUSAN M | RUSH, SCOTTY D | SMITH, CHARLES D |
| PITTS, KATHERINE | RUSK, FRANCES H | SMITH, JACOB D |
| POWELL, EDWARD C | SANDERS, ALICIA M | SMITH, JANE M |
| PRITCHARD, CHRISTINA J | SANDERS, JANET S | SMITH, LANAE D |
| PRYOR, GERALDINE - | SARVER, TERRELL L | SMITH, MARGIE M |
| PURNELL, PATRICIA J | SAUCIER, AMEY | SMITH, MARY C |
| QUERTERMOUS, CALVIN | SAUNDERS, JOHANNA | SMITH, MELISSA J |
| RAINEY, AMY | SCARBROUGH, TIMMY L | SMITH, NINA |
| RALSTON, DANIEL | SCHILLING, DOUGLAS N | SMITH, PATRICIA J |
| RAMEY JOHNSON, COLLEEN S | SCHIMMEL, THELMA J | SMITH, RITA A |
| RAMIREZ, CORRIE M | SCHISLER, JOHN | SMITH, TYWANNA |
| RANDALL, DENISE | SCHOONOVER, MICHAEL H | SMITH, VERONICA R |
| RANKIN, WENDY K | SCHRIEVER, TERESA C | SMITH JR, FRED J |
| RANKINS, TAVARES | SCOTT, ANGELETTA L | SNIDER, RONALD |
| READNOUR, ARDETH T | SCOTT, BEATRICE | SNYDER, LYNN M |
| REDDING, RENEE A | SCOTT, LAURIE A | SNYDER, MARK |
| REED, JUANITA M | SCOTT, SAMARTHA A | SNYDER, VIRGINIA - |
| REED, KATHY S | SCOTT, SASHA | SODDERS, LISA |
| REED, PERCIOUS | SEEHAUSEN, ROSEMARIE | SOOS, MARLENE |
| REED, SCHLUNDA - | SELF, BETTY | SOPHER, TONIA |
| REED, TAMARA | SELLERS, PAMELA | SOUDER, SHANNON K |
| REEVES, JULIA M | SERMERSHEIM, GUADALUPE | SOUTH, ELAINE M |
| REGAN, DAWN M | SESKE, TONIA | SPENCER, JERONE T |
| REINHARDT, MARY K | SEXTON, ANGELA D | SPRINGER, SHEILA Y |
| REVELL, STEPHEN W | SEXTON, SHARON S | STACY, SHARON N |
| REYNOLDS, ERIC J | SHAFFER, LORI D | STARK, BRANDY |
| RICE, BRANDY M | SHARLOW, SUSAN J | STARKEY, FLORENCE - |
| RICHARDSON, PAMELA R | SHAW, CARLA J | STARNES, LORENE L |
| RICHARDSON, PENNY S | SHAW, HEATHER S | STEAVESON, WILLIAM |
| RICHCREEK, KATHLEEN | SHAW, ISAAC R | STEPHEN, HELEN M |
| RICHMOND, ROSE | SHELTON, ALICIA L | STEPHENS, APRIL |
| RIDDLE, RHONDA P | SHEPHERD, LONNA L | STERN, REBECCA - |
| RIGSBY, HEATHER M | SHOAEI, SANDRA J | STEVENSON, GARY |
| ROBERTS, CYNTHIA E | SHOEMAKER, TIMOTHY E | STEVENSON, SANDRA S |

CNA's with verified findings as of 04/03/2007

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| STRICKLAND, BRITTNEY L | UPDEGRAFF, GAYLE A | WILLIAMS, VANELLA - |
| STRICKLANDT, VELMA M | VANCE, JOYCE A | WILLIAMSON, KATHI |
| STRONG, TESSA G | VANOSDAL, AMANDA | WILLIS, JAIME L |
| SUMMERS, DONNA M | VEATCH, BRENT | WILLIS, RUBIN |
| SUTTON, CHRIS | VEST, TERESA F | WILSON, JOANETTE Y |
| SWANEGAN, DONNA I | VILLEGAS, DAMON R | WILSON, LEE K |
| SWARTZ, BRACIE | VINCENT, ANGELA G | WILSON, RHONDA G |
| SWEENEY, BILL J | WADE, KAREN S | WILSON, WENDY |
| SWEET, GREGG H | WALDON, MARCIA | WINFIELD, DORIS D |
| TABRON, ZAKKIYYA | WALKER, DEBRA C | WOLF, MARTHA |
| TATA, MEZZIA A | WALKER, JOSPEH E | WOLF, MYRL D |
| TAUBER, PATRICIA A | WALL, BARBARA S | WOLFE JR, SIDNEY E |
| TAYLOR, AMBER M | WALLS, SHARON | WOODRUFF, KIMBERLY |
| TAYLOR, DONNISHA M | WALTON, BRIGITTE N | WOODS, AMBER D |
| TAYLOR, HILDRED I | WARD, HELEN L | WOODS, DONALD C |
| TAYLOR, LISA | WARD, JOHNNIE L | WOODS, SHERYL L |
| TEAGUE, CAROLYN | WARD, TONYA A | WORLEY, JEFFREY T |
| TEMPLETON, SAMMIE L | WARE, BRENDA | WOZNIAK, SUSAN |
| TERESS, AARON L | WARNER, SHARON L | WRIGHT, DEBRA R |
| THOMAS, JENNY E | WARREN, ANN M | WRIGHT, SCOTT L |
| THOMAS, MARGARET J | WARREN, SHELIA - | WRIGHT, SHELBY |
| THOMAS, PAMELA | WASH, BENJAMIN S | WRIGHT, STEVEN V |
| THOMAS, TERESA | WASHINGTON, MONICA | YELDIG, BONNIE - |
| THOMPSON, LINDA S | WATERS, DEUNDREA | YODER, LYDIA |
| THOMPSON, MELISSA | WATKINS, CALANDRA S | YODER, SHANNON |
| THOMPSON, MICHAEL B | WATSON, CATHY J | YOUNG, DOROTHY |
| THRASHER, CARLA J | WATSON, JOYCE A | YOUNG, JOHN H |
| THURMOND, CAROLYN D | WATSON, TY'ASHA O | YOUNG, SHELLEY L |
| TILFORD, ROBERT M | WAYNICK, CHARITY | ZVIDZAYI, NYARADZO V |
| TIPTON, TANDI S | WEBSTER, HERMAN L | |
| TISON, CAROLYN S | WEDDLE, SEASON | |
| TONEY, CAROLYN | WEISNER, JANET L | |
| TOOMBS, RANDALL L | WELDON, KATRINA M | |
| TOWNSEND, JUDY L | WELDON, MICHELLE R | |
| TOWNSEND, MICHELLE L | WELDON, VIOLA M | |
| TREAT, ANITA A | WESTFALL, MARY | |
| TRENNEPOHL, KAMMA E | WHELCHER, ADRIANE L | |
| TRUAX, RHONDA K | WHITAKER, JACK A | |
| TRUE, JESSICA | WHITE, ANGELYCA | |
| TRUXAL, SARA L | WHITELY, SUE | |
| TSCHAENN, TAMMY L | WIGGINS, LASHONDA S | |
| TUCKER, KENDRA D | WILBERT, DANIEL | |
| TUCKER, TASHIKA M | WILIAMS, CHRISTINE N | |
| TUMEY, JO ELLEN | WILKERSON, ROBIN L | |
| TURNER, PATRICIA D | WILKINSON, MICHELLE | |
| TURPEN, JULIE L | WILLIAMS, CAROL J | |
| TUSSEY, PAMELA S | WILLIAMS, JANICE | |
| TYLER, ANGELA K | WILLIAMS, ROCHELLE | |
| UMPHRYES, JENNY M | WILLIAMS, SYLVIA | |
| UNVERZAGT, MICHELLE | WILLIAMS, TRACIE M | |